

UNITED STATES OF AMERICA
ex rel. Margaret Reynard
42 Dresner Circle
Upper Chichester, PA 19061

Plaintiff/Relator,

v.

SALUS UNIVERSITY
8380 Old York Rd,
Elkins Park, PA 19027-1541

Defendant

CIVIL ACTION

No. _____

JURY TRIAL DEMANDED

FILED IN CAMERA AND
UNDER SEAL

Relator, Margaret Reynard, brings this qui tam action in the name of the United States of America, by and through her undersigned counsel, hereby avers as follows:

1. This action has been initiated by Margaret Reynard ("Relator"), on behalf of the United States of America, against Salus University ("Defendant") to recover penalties and damages arising from false statements and implied false statements Defendants made in invoices, bills and other documents submitted to the federal government to recover money from Medicare and Medicaid for: (1) services improperly billed as separate transactions when they in fact had to be billed as connected transactions at a lower reimbursement rate; (2) for services billed to Medicare in which patients were improperly charged amounts beyond that permitted by the Medicare and/or Medicaid rules limiting the amounts of copayments and coinsurance payments; (3) services improperly billed/upcoded as a higher-level service in order to improperly increase the amount

paid for that service; (4) services where the amount of money charged to the patient was never applied to the bill, and therefore, the patient was billed twice for that amount.

JURISDICTION AND VENUE

2. This Court has original subject matter jurisdiction over the instant action pursuant to 28 U.S.C. §§ 1331 because it arises under the laws of the United States, the False Claims Act, 31 U.S.C. §3732(a).

3. This Court has personal jurisdiction over Defendants because Defendants, by systematically soliciting business in the Eastern District of Pennsylvania (operating multiple businesses therein), has sufficient minimum contacts in this judicial district that the exercise of such jurisdiction comports with traditional notions of fair play and substantial justice.

4. Pursuant to 28 U.S.C. § 1391, venue is properly laid in this district because Defendants conduct substantial, systematic and continuous activity in this district and the transactions and/or occurrences underlying this action occurred in the Eastern District of Pennsylvania.

5. In conjunction with the filing of this complaint, Relator has served a copy of same upon the United States and has complied with all other conditions precedent to bringing this action.

PARTIES

6. The foregoing paragraphs are incorporated herein in their entirety as if set forth in full.

7. Relator is a citizen of the United States and a resident of the State of Pennsylvania. Relator became employed by Defendant Salus University on or about March 15, 2018 as business officer manager.

8. Relator's responsibilities including managing the billing of procedures to third-party payers, including Medicare, Medicare Advantage plans, and Medicaid.

9. Defendant is a private university specializing in Optometry through its division The Eye Institute, with additional programs in Audiology and Speech Language Pathology.

10. Relator is an original source of this information to the United States. She has direct and independent knowledge of the information on which the allegations are based and has voluntarily provided the information to the Government.

FACTUAL BACKGROUND

11. The foregoing paragraphs are incorporated herein in their entirety as if set forth in full.

12. The vast majority of Defendant's patients use Medicare, Medicare Advantage, or Medicaid third-party payers as health insurers to pay for the medical services they receive from Defendant.

13. Relator's duties included reviewing and auditing billing records submitted by Defendant to Medicare, Medicare Advantage Plans, and Medicaid programs.

14. Shortly after beginning her employment, Relator became aware that Defendant had a practice of submitting fraudulent bills to its third-party payers, including Medicare, Medicare Advantage plans, and Medicaid.

15. As explained in more detail below, these issues fell into the following categories:

a. **Category 1 (Unlawfully charging patients copayments and other charges):**

Charging copayments, coinsurance and other charges to patients when such charges were prohibited by Medicare, Medicare Advantage, and Medicaid (for instance, because the individual was a Qualified Medicare Beneficiary, or because the specific Medicare Advantage plan prohibited copayments/coinsurance), and unlawfully retaining such money;

- b. **Category 2 (Failing to apply payments received from patients to patient bills):** Defendant would charge patients at/or before their visit, failed to apply this money to the patients' bills, and then billing patients for the money that had already been paid;
- c. **Category 3 (Improper use of Modifiers 25, 58, and 59 to unbundle):** Improperly coding examinations and/or procedures with Modifiers 25, 58, and 59 in order to improperly unbundle procedures in order to increase reimbursements in violation of Medicare, Medicare Advantage, and Medicaid billing rules.
- d. **Category 4 (Upcoding Code 99203 to Code 99204):** The automatic upcoding of Level 3 Exams which should have been billed under Code 99203 to the higher-paying Code 99204, which is limited to Level 4 exams which qualify for billing as such.

16. Specifically, Relator learned about the Category 1 issues early in her employment and attempted to correct this issue by reimbursing patients for improper copays.

17. However, Relator was not provided with sufficient staff or resources to correct the Category 1 claims.

18. Moreover, Defendant's staff continued to improperly charge copayments and other charges who were not permitted to be billed these charges under Medicare, Medicare Advantage, and Medicaid rules.

19. Later, as Relator continued to audit claims from prior to her time working for Defendant, she determined that Defendant was improperly and systematically using Modifiers 25,

58 and 59 to unbundle examinations and procedures in order to increase reimbursements from third-party payers, including Medicare, Medicare Advantage, and Medicaid.

20. Finally, shortly before Relator's employment ended, Relator discovered that Defendant's billing system had created an automatic software rule in its billing system which automatically upcoded examinations which Defendant's providers coded as a Level 3 exam to instead be billed out to third-party payers as a Level 4 exam with CPT Code 99204.

21. Relator brought the Category 4 issue to the attention of her supervisors, who suggested that the automatic upcoding rule was "a mistake."

22. Over the course of her employment, Relator brought these issues to the attention of her supervisors and the senior leadership of Defendant.

23. In December 2019, Defendant alerted Relator that she would be laid off in or around the 1st quarter of 2020.

24. Defendant terminated Relator related to a not-for-cause reduction-in-force on or around March 6, 2020.

Specific Examples of Misconduct

Category 1 (Unlawfully charging patients copayments and other charges)

25. Third-party payers, including Medicare, Medicare Advantage, and Medicaid plans, have specific rules for copayments, coinsurance, and other charges which are requirements of these programs.

26. For instance, by way of example only, where an individual is eligible for both Medicare and Medicaid, the individual is deemed a "Qualified Medicare Beneficiary" and is not permitted to be charged any premiums, deductibles, or copayments.

27. Nevertheless, Defendant's staff would routinely charge patients copayments even where the third-party payer did not permit same.

28. By way of example, Patient A was seen by Defendant on November 13, 2017, and treatment which was billed as two services billed as one unit of 92014 and one unit of 92015. *See* Exhibit A.

29. Patient AC's third-party payer, Aetna Medicare HMO (a Medicare Advantage payer), approved a payment for unit 92014 and specified and no coinsurance was allowed for this claim. *See* Exhibit B.

30. Nevertheless, Patient AC was charged a \$20 copayment for these procedures on November 13, 2017. *See* Exhibit C.

31. This amount is recorded as a negative balance of \$20 owed to Patient A on his patient chart contained in Defendant's billing records. *See* Exhibit C.

32. As of January 13, 2020, this amount had not been reimbursed to Patient A.

33. This same patient, Patient AC, received treatment on December 12, 2018, which was billed to his insurance as one unit of 92015 and one unit of 92014. The patient's insurance, Aetna Medicare HMO, provided an explanation of benefits which paid the claim but specified that no copayment or deductible was permitted. Nevertheless, the patient's billing records show that the patient was charged \$30 by Defendant on the day of service, and Defendant retained this amount as a negative balance owed to Patient AC as of January 13, 2020. *See* Exhibit D.

34. Relator can identify hundreds of similar transactions in which patients were charged despite no charge being permitted by the rules of their respective third-party Medicare, Medicare Advantage, or Medicaid payers.

35. The third-party Medicare, Medicare Advantage, and Medicaid payers would not have approved and paid these claims if the payers knew Defendant was routinely and systematically charging patients copayments and charges which were not allowed under these plans.

Category 2

(Failing to apply payments received from patients to patient bills)

36. Defendant also improperly retained moneys from patients by systematically failing to apply such payments to patients' bills.

37. For instance, on June 3, 2019, Patient B was seen for an emergency visit, where she was charged a \$45 fee. Nevertheless, this amount was never applied to any bills/procedures, and remained as a negative balance owed to the patient. Accordingly, at the time she was billed for this procedure, she was billed as if this amount had never been paid. *See Exhibit E.*

38. Likewise, on May 5, 2018, Patient C was charged \$45 in connection with an examination. Nevertheless, this amount was never applied to any bills/procedures, and remained as a negative balance owed to the patient. Accordingly, at the time she was billed for this procedure, she was billed as if this amount had never been paid. *See Exhibit F.*

Category 3

(Improper use of Modifiers 25, 58, and 59 to unbundle):

39. Defendant also systematically misused the billing modifiers 25, 58, and 59 in order to unbundle services and receive increased and improper payments related to connected services.

40. When CPT Modifier 25 is used properly, it is used to identify a significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.

41. However, visits on the day of a minor surgery, which includes Laser Trabeculoplasty (ICD-10-CM Diagnosis: 65855) are part of the global surgery package unless there is a separately identifiable reason for the visit.

42. Defendant improperly unbundled visits which occurred on the same day of minor surgery in order to increase their reimbursement amounts.

43. By way of example, Patient D received a Laser Trabeculoplasty on December 5, 2017, and also had an examination that same day. *See Exhibit G.*

44. The HCA 1500 bill for this Patient showed three ICD-10-CM diagnoses (*see id.*):

- a. H401132: Primary open-angle glaucoma, bilateral, moderate stage;
- b. H401112: Primary open-angle glaucoma, right eye, moderate stage;
- c. H25813: Combined forms of age-related cataract, bilateral;

45. The examination was coded as being related to bilateral glaucoma, while the procedure was coded as being related to right-eye glaucoma. *See id.*

46. Accordingly, the visit was not for a separately identifiable reason and should not have been billed separate from the Trabeculoplasty.

47. However, because the examination was coded with modifier 25, Medicare paid \$33.66 for this examination. *See id.*

48. Similarly, Defendant regularly coded follow-up procedures as part of a staged procedure using modifiers 58 for original and follow-up procedures where no staging was necessary or appropriate.

49. For instance, on July 17, 2018, Patient E received a YAG Laser Capsulotomy procedure billed to Medicare under CPT Code 66821. *See Exhibit H.*

50. Services billed as CPT Code 66821 include 1 or more stages, and have a global billing period of 90 days, which prohibits separate billing for follow-ups.

51. Nevertheless, on July 24, 2018, Patient E received a second YAG Laser Capsulotomy, which was billed to Medicare under CPT Code 66821 with Modifier 58 and Modifier 59 added. *See id.*

52. Medicare paid for both procedures but should not have paid for the second procedure. *See id.*

53. Defendant also improperly used Modifier 59 to improperly unbundle examinations from procedures performed on the same day.

54. Modifier 59 is used to indicate that a procedure or service was distinct from other procedures or services performed the same day.

55. Defendant nevertheless used Modifier 59 to separately bill for services which were not in fact separate and distinct.

56. For instance, on April 12, 2018, Defendant saw Patient F for an examination (CPT Code 92014), a diagnostic test (CPT Code 92134), and a YAG Laser Capsulotomy surgery (CPT Code 66821). *See Exhibit I.*

57. Defendant improperly used modifier 25 to identify the examination as separate and distinct from the surgery. *Id.*

58. Defendant improperly used modifier 59 to identify the diagnostic test as separate and distinct from the surgery. *Id.*

59. Medicare paid for all three procedures. *Id.*

60. Medicare would not have paid the amount it did for all three procedures had Defendant not improperly used Modifier 25 and Modifier 59 for the examination and the diagnostic test.

61. The above are mere examples of Defendant's common practice of using Modifiers 25, 58, and 59 to improperly unbundle services in order to increase the amount of money they receive from Medicare, Medicare Advantage Plans, and Medicaid third-party payers.

Category 4

(Upcoding Code 99203 to Code 99204)

62. On or around March 1, 2020, shortly before the termination of her employment, Relator discovered that Defendant was systematically—and without the knowledge of the providers—upcoding Level 3 E/M visits to Level 4, thereby improperly increasing the amount Relator was paid for routine office visits.

63. Defendant's providers code their E/M visits on a scale of 1-5 based on the length and complexity of the examination.

64. Medicare and other third-party payer rules which provide that new patient ophthalmological examinations be graded based on length and complexity as to one of five scales. These five different scales are billed to Medicare and other third-party payers under CPT Codes 99201, 99202, 99203, 99204, and 99205.

65. However, when a provider codes the E/M visit as a Level 3 visit with a CPT Code of 99203, Defendant created a software program within its billing software that automatically upcoded these services to CPT Code 99204, which is reserved for Level 4 E/M visits.

66. This upcoding is invisible to the provider and many individuals working in the billing department because two codes used system still refer to these visits in a way that suggests

they will be billed correctly. Specifically, the service is tagged with a field called "Service Item" which lists as its value "99203," and with a field called Service Item Description with a value of "NP Exam Level 3."

67. Nevertheless, because of the software program put in place, these exams were billed to Medicare under CPT Code 99204.

68. For example, on January 23, 2020, Patient G received an NP Exam Level 3. *See* Exhibit J.

69. However, this examination was billed not under CPT 99203 (the correct code) but was rather upcoded to CPT Code 99204. *See id.*

70. This is merely a single example of Defendant's widespread and systematic upcoding of its NP Exam Level 3 examinations to CPT 99204, which is properly reserved for Level 4 examinations.

COUNT I **VIOLATIONS OF THE FALSE CLAIMS ACT**

71. The foregoing paragraphs are incorporated herein in their entirety as if set forth in full.

72. Defendant submitted and continue to submit bills to the United States government, through its Medicare program, for the above services and types of services.

73. With respect to the improper unbundling of examinations which were not separate and distinct from surgeries performed the same day, Defendant knew that it was not permitted to unbundle these examinations through the improper use of billing modifiers, but nevertheless did so.

74. With respect to the upcoding of examinations which providers intended to bill as Level 3 examinations but which Defendant billed as Level 4 examinations, Defendant knew that it was upcoding these examinations and that this was improper.

75. With respect to the improper charging and/or retention of patient copayments and other charges which it was not entitled, by enrolling in Medicare, Defendants certified that they would comply with Medicare "laws, regulations, and program instructions," and further certified that they "understand that payment by Medicare is conditioned upon the claim and underlying transaction complying with such laws."

76. Defendant's patient billing was material to the United States of America's decision to pay Defendant for these services.

77. Defendants unlawfully and fraudulently certified that the aforementioned services were performed in accordance with Medicare requirements.

78. Defendants' falsity regarding its compliance with patient copayment and coinsurance payment requirements was material in the United States paying for services which Defendants billed to the United States.

WHEREFORE, Relator Margaret Reynard, on behalf of herself and the United States Government, prays that this Court enter an Order providing that:


A. This Court enter a judgment against Defendants in an amount equal to three times the amount of damages the United States has sustained as a result of Defendants' violations of the False Claims Act;

B. That this Court enter a judgment against Defendants for a civil penalty of \$10,000 for each of Defendants' violations under the False Claims Act;

- C. Relator Margaret Reynard recover all costs of this action, with interest, including the cost to the United States Government for its expenses related to this action;
- D. Relator Margaret Reynard be awarded all reasonable attorneys' fees in bringing this action;
- E. In the event the United States Government proceeds with this action, Relator be awarded an amount for bringing this action of at least 15% but not more than 25% of the proceeds of this action;
- F. In the event the United States Government does not proceed with this action, Relator be awarded an amount for bringing this action of at least 25% but not more than 30% of the proceeds of this action;
- G. Relator be awarded pre-judgment interest;
- H. A trial by jury be held; and
- I. Relator and the United States of America receive any and all relief to which either or both may be entitled at law or in equity.

Respectfully submitted,

SWARTZ SWIDLER LLC

By: 
Joshua S. Boyette
1101 Kings Hwy Ste 402
Cherry Hill, NJ 08034
(856) 283-3525

Dated: April 3, 2020

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

UNITED STATES OF AMERICA, ex rel. Margaret Reynard

(b) County of Residence of First Listed Plaintiff Delaware County

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Print Name, Address and Telephone Number)
 Swartz Swidler, LLC Joshua S. Boyette, Esq.
 1101 Kings Hwy N Ste 402 Cherry Hill NJ 08034
 Ph: 856-685-7420 Fax: 856-685-7417 jboyette@swartz-legal.com

DEFENDANTS

SALLUS UNIVERSITY

County of Residence of First Listed Defendant Montgomery County

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input checked="" type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (Specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Violations of the False Claims Act

Brief description of cause:
Fraud

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE
04/03/2020

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

UNITED STATES OF AMERICA, ex rel.
Margaret Reynard

v.

SALLUS UNIVERSITY

CIVIL ACTION

NO.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

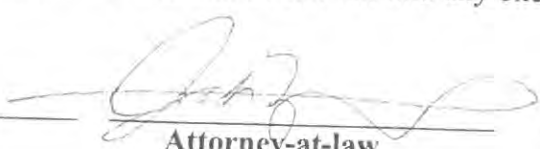
SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) (X)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ()

4/3/2020
Date

856-685-7420

Telephone


Attorney-at-law

856-685-7417

FAX Number

Plaintiff

Attorney for

jboyette@swartz-legal.com

E-Mail Address

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 42 Dresner Circle, Upper Chichester, PA 19061

Address of Defendant: 8380 Old York Rd., Elkins Park, PA 19027

Place of Accident, Incident or Transaction: 8380 Old York Rd., Elkins Park, PA 19027

RELATED CASE, IF ANY:

Case Number:

Judge:

Date Terminated:

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- | | | |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☒ is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 04/03/2020

Must sign here

309863

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

CIVIL: (Place a ☒ in one category only)

A. Federal Question Cases:

B. Diversity Jurisdiction Cases:

- | | |
|--|---|
| <input type="checkbox"/> 1. Indemnity Contract, Marine Contract, and All Other Contracts | <input type="checkbox"/> 1. Insurance Contract and Other Contracts |
| <input type="checkbox"/> 2. FELA | <input type="checkbox"/> 2. Airplane Personal Injury |
| <input type="checkbox"/> 3. Jones Act-Personal Injury | <input type="checkbox"/> 3. Assault, Defamation |
| <input type="checkbox"/> 4. Antitrust | <input type="checkbox"/> 4. Marine Personal Injury |
| <input type="checkbox"/> 5. Patent | <input type="checkbox"/> 5. Motor Vehicle Personal Injury |
| <input type="checkbox"/> 6. Labor-Management Relations | <input type="checkbox"/> 6. Other Personal Injury (Please specify): |
| <input type="checkbox"/> 7. Civil Rights | <input type="checkbox"/> 7. Products Liability |
| <input type="checkbox"/> 8. Habeas Corpus | <input type="checkbox"/> 8. Products Liability - Asbestos |
| <input type="checkbox"/> 9. Securities Act(s) Cases | <input type="checkbox"/> 9. All other Diversity Cases |
| <input type="checkbox"/> 10. Social Security Review Cases | (Please specify): |
| <input checked="" type="checkbox"/> 11. All other Federal Question Cases | |

(Please specify): False Claims Act

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, Joshua S. Boyette, Esq., counsel of record or pro se plaintiff, do hereby certify:

☒ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:

☐ Relief other than monetary damages is sought.

DATE: 04/03/2020

Sign here if applicable

309863

Attorney-at-Law / Pro Se Plaintiff

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

EXHIBIT A

(Filed under seal)

SAMPLE

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 11/14/17 !!

Aetna Medicare HMO
Po Box 981106

El Paso, TX 79998

X

MEBJTHMN

X

X

SAME

NONE

X

02 14 48

X

X

Signature On File

01/13/2020

SIGNATURE ON FILE

X

0

H524

E119

H53032

11132017	11132017	11	92015	A	15 00 1	1780691857
11132017	11132017	11	92014	B	158 00 1	1780691857

X

000100557031

X

173 00

173 00

The Eye Institute At Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027

Nyman, Neal
01/13/2020

EXHIBIT B

(Filed under seal)

Explanation of Benefits/Transaction Details

Page 1

Aetna Medicare RMD
Po Box 981106
El Paso TX 79998

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 191413323

Check/EFT #:CHK#161116170012212
Check Date:
Check Amt:
NPI Provider#:1780691857

Patient: [REDACTED]
HIN: MEEBTHMN
Patient Control Number: 000100557031
ICN#:
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
11/13/2017-11/13/2017	1.00	92214	118.00	0	0	0	49	109	
11/13/2017-11/13/2017	1.00	92213	15.00	0	0	0	13	0	
Totals:			133.00	0	0	0	64	109	

EXHIBIT C

(Filed under seal)

10/11

Person Number: 31050 Medical Record Number: 31049 Other ID Number: 345422

Appointment Insurance Patient Balance Recall Plans



Contact
Contact Preference:

Default Guarantor :

Patient Status

Primary Care Provider —:

Cell Phone : [REDACTED]

Family Annual ... :

Print Sentiment: Y

Encounter Information

Enc. Insurance : Aetna Medicare HMO

Rendering : _____

Guarantor:

Choice History Note

[App Information](#)
[Sales & Agents](#)
[Biology Facts](#)
[Index](#)

Encounters

Encounters

Patient Information

Entscheid

Transactions

Enc No	Created	Svc Date	SIM Description	CPT 4	Qty	Amount	Type	De	Tracking Desc	Trans	Reason	Result	Tooth	Surface	Quadrant	Bas	Total Anesthesia Units
617609	11/14/17	11/13/17	REFRACTION	92015	1.00	15.00	Chg										
551021	11/14/17	11/13/17	EP Comprehensive	92014	1.00	158.00	Chg										
	11/13/17	11/13/17	Copy Cash			-20.00	Pmt	0.00									
	04/14/18	04/14/18	Contractual Adjust.			-109.30	Adj	0.00	CHK#161116170012212								
	04/14/18	04/14/18	Contractual Pymt.			63.70	Pmt	0.00	CHK#161116170012212								
	07/17/18	07/17/18	Applied Encourme.			-20.00	Pmt	0.00									
	07/17/18	07/17/18	Applied Encourme.			20.00	Pmt	0.00	Debit to enc for usage of a credit b.								

Encounter Financial Summary

Charges	Unsupplied	Payments	Adjustments	Refunds	Bad Debt	Encounter Total Amts Units	Balance
\$1,21.00	\$0.00	\$83.20	\$109.30	\$0.00	\$0.00	0	\$20.00

Encounter Number

Encounter Date

Solusi

NGProd_108636

MEYNAARD
1929

Version 5.9.3.88

01/13/20 09:54

Printing

Stat 1 2 3 4 5 6 7

9:56 AM
1/13/2020

1/13/2020 9:56:14 AM

EXHIBIT D

(Filed under seal)

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 12/15/18 !!

Aetna Medicare HMO
Po Box 981106

El Paso, TX 79998

X

MEBJTHMN

X

X

SAME

NONE

X

02 14 48

X

X

Signature On File

01/13/2020

SIGNATURE ON FILE

12 12 18 431

DN Bhawanjot Minhas

OTH000
1174963292

X

H5203

E119

H50112

0
H53032

39D2144439

12122018	12122018	11	92015	A	15 00 1	1174963292
12122018	12122018	11	92014	B	158 00 1	1174963292

X

000100617609

X

173 00

173 00

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027

Minhas, Bhawanjot
01/13/2020

Explanation of Benefits

AETNA
151 FARMINGTON AVENUE
HARTFORD, CT 06156

Page 1

PENNSYLVANIA COLLEGE OF OPTOMET
14664 COLLECTIONS CENTER
CHICAGO, IL 606930146

Check/EFT #: 161218180010138
Check Date: 12/21/2018
Check Amt: 148.01
NPI Provider#: 1336160027

Patient: XXXXXXXXXX
HIN: MEBJTHMN
Patient Control Number: 000100617609
ICN#: 181217E438510000
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
12/12/2018-12/12/2018	1.00	92015	15.00	0	15.00	0	14.70	0.30	CO253
12/12/2018-12/12/2018	1.00	92014	158.00	0	136.03	0	133.31	21.97	CO45
Totals:			173.00	0	151.03	0	148.01	22.27	

Remark Codes: N6
Reason Codes: CO253-.3
Reason Codes: CO253-2.72; CO45-21.97

HIPAA12 Code List Summary:
CO253 - Sequestration-reduction In Federal Spend
CO45 - CHARGES EXCEED FEE ARRANGEMENT

Encounter Chart - Adams, Clayton

Contact: [Redacted]
 Contact Preference: Cell Phone
 Patient Number: 31050 Medical Record Number: 31050 Clinic ID Number: 345422
 Patient Guardian: [Redacted]
 Patient Status: [Redacted]
 Primary Care Provider: [Redacted]
 Cell Phone: [Redacted]
 Family Address: [Redacted]
 Print Sent: Y

Encounter Information
 Enc. Insurance: Action Medicare 1840
 Rendering: Nicholas, Blawie
 Guarantor: [Redacted]
 Cancel History/Notes

Encounters

Encounter Information

Encounter

Transaction Notes

Reason

Encounter

Account Number Address Signify Results

Encounter	Enc No	Enc Date	Enc Description	CP14	Qty	Amount	Type	De	Transaction Date	Reason	Result
12/14/18	12/12/18	12/12/18	EP Comprehensive	92014	1.00	158.00	Crg				
12/14/18	12/12/18	12/12/18	Polio Payment Credit Card			-30.00	Fml				
01/03/19	12/21/18	12/21/18	Conductual Adjustment			0.00	Adj			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	12/21/18	12/21/18	Conductual Adjustment			0.00	Adj			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	12/21/18	12/21/18	Conductual Payment			133.39	Fml			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	12/21/18	12/21/18	Conductual Payment			-14.70	Fml			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	12/21/18	12/21/18	Medicare Separation Adjust			2.22	Adj			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	12/21/18	12/21/18	Medicare Separation Adjust			-0.30	Adj			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	01/05/19	01/05/19	Conductual Payment			25.97	Adj			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
01/03/19	01/05/19	01/05/19	Conductual Payment			0.00	Fml			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
03/14/19	03/11/19	03/11/19	20ppk1 Encountered/Invoice Due			-30.00	Fml			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000
03/14/19	03/11/19	03/11/19	20ppk1 Encountered/Invoice Due			30.00	Fml			CO45 [Charge entered for arrangement]6 [Mean would show under	181217E 43851000

Encounter Financial Summary

Charges	Unapplied	Payments	Adjustments	Refunds	Bad Debt	Encounter Total/Net Due
\$173.00	\$0.00	\$173.00	\$41.99	\$0.00	\$0.00	\$0.00

Printing
 Encounter
 Encounter Date
 Encounter Number

Sales Invoice
 Method: J0835
 MREXWARD
 Version: 5.9.1.86
 01/13/20 10:08 AM
 1/13/2020

1/13/2020 10:09:37 AM

EXHIBIT E

(Filed under seal)

Patient Chart

Person Number: 166890 Medical Record Number: 166898 Other ID Number: 21152

Contact: [REDACTED]
Contact Preference: Home Phone

Default Guardian: [REDACTED]
Patient Status: [REDACTED]
Primary Care Provider: Temple Family Medical

Cell Phone: [REDACTED]
Family Address: [REDACTED]
Post Sent: Y

Encounter Information
Enc. Insurance: Keystone 65 HMO
Rendering: Lisa, Alice
Supervisor: [REDACTED]
Direct Hire/Employee

Associated Services: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Encounter: [REDACTED]

Encounters

Enc Date
08/02/2019
02/14/2019
04/23/2018

Transaction

Trans Date	Sec Date	Stat Description	CP14	DN1	Amount	Type	Dr	Working Date	Reason	Result	Total	Success	Dismiss	Post
08/02/19	08/02/19	Patient Payment Credit Card			-45.00	Pay	0.00	Cc Appt	04					

Total Appointment Line

166898

Encounter Financial Summary

Charge	Unapplied	Payment	Adjustment	Refunds	Bad Debt	Encounter Total Accr. Line
00.00	145.00	45.00	00.00	00.00	00.00	0

Balance

166898

Print



1/27/2020 12:25:51 PM

Salus University

MDP Prod 108336

Version 5.3.3.69 10/27/20 12:25 PM

1/27/2020

EXHIBIT F

(Filed under seal)

EXHIBIT G

(Filed under seal)

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 01/14/18 !!

Medicare
Po Box 890418

Camp Hill, PA 17089-0418

X

207642363a

Nelson Devon R

03 06 1954 X

6700 N Lawrence St

X

Philadelphia

PA

19126

215 668 0746

NONE

X

03 06 54

X

X

Signature On File

03/02/2020

SIGNATURE ON FILE

X

H401132

H401112

H25813

0
E119

12052017 12052017 11 65855 RT B 1,250 00 1 1225092315

12052017 12052017 11 99212 25 A 56 00 1 1225092315

231413680

X

000100559798

X

1,306 00

1,306 00

Lewis, James
03/02/2020

The Eye Institute At Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027 231413680

Explanation of Benefits

NOVITAS SOLUTIONS, INC.
PO BOX 3413
MECHANICSBURG, PA 170551852

Page 1

SALUS UNIVERSITY
BILLING DEPARTMENT
PHILADELPHIA, PA 191413323

Check/EFT #: 894145587
Check Date: 01/30/2018
Check Amt: 3891.48
NPI Provider#: 1336160027

Patient: NELSON, DEVON
HIN: 207642363A
Patient Control Number: 000100559798
ICN#: 1118016481070
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj	Cd
12/05/2017-12/05/2017	1.00	65855 RT	1250.00	50.20	250.98	0	188.89	3.86		C0253
12/05/2017-12/05/2017	1.00	99212 25	56.00	8.95	44.73	0	33.66	0.69		C0253
Totals:			1306.00	59.15	295.71	0	222.55	4.55		

Claim Level Adjudication Codes: MA01;
Remark Codes: N700 , N699 , N701 , N700 , N699 , N701
Reason Codes: C045-985.98; C0237-21.07; C0253-3.86; PR2-50.2
Reason Codes: C045-8.95; C0237-3.75; C0253-0.69; PR2-8.95

HIPAA X12 Code List Summary:

C0237 - Legislated/Regulatory Penalty. At least
C0253 - Sequestration - reduction in federal spe
C045 - Charges exceed fee arrangement
PR2 - Coinsurance amount

Charge Posting - Nelson, Devon

Patient: Nelson, Devon
Encounter: 659798 12/05/2017 Bad Dact
Process Dt: 12/05/2017
Svc Dates: 12/05/2017 - 12/05/2017
Svc Item: 99212 [Eti Patient Exam Level 2] Diag: R401132 Primary Overrange Glaucoma, Bilateral Moderate Stage
CP74 99212 [Eti Patient Exam Level 2] H25813 Combined Forms Of Age-related Cataract, Bilateral
Quantity: 1 E119 Type 2 Diabetes Mellitus Without Complications
Unit/Overide: 56.00 56.00 Rendering: Term: Janet
Extended: 56.00

Place Svc: Nkr/Dum
Office: PT BAL CONSULTANCE
Notes/Ref: Bad Dact
State: The Eye Institute of Oak Lane
Location:

Created: Vales, Sady 12/21/2017 3:11 P
Modified: Pathasavally, Suneetha 02/28/2019 4:25 P
Process Date: 12/21/2017

Date	Svc Item	S	Charge	Payment	Adjustment	Inv 1	Inv 2	Inv 3	PA Bal
12/05/2017	659798 Laser Tuberculosis	A	1,250.00	-188.89	-1,061.11				
12/05/2017	99212 eti Patient Exam Level 2	A	56.00	-37.65	-22.35				
Total: 1,306.00 -222.55 -1,083.45 0.00 0.00 0.00 0.00 0.00									

EXHIBIT H

(Filed under seal)

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 08/01/18 !!

Medicare
Po Box 890418

Camp Hill, PA 17089-0418

X

8YQ0RK2TU36

X

X

PA

X

11 10 49

X

X

Signature On File

03/04/2020

SIGNATURE ON FILE

X

H26493

0

07172018 07172018 11 66821 LT A 950 00 1 1225092315

X

000100591197

X

950 00

950 00

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000
1336160027 231413680

Lewis, James
03/04/2020

Explanation of Benefits

NOVITAS SOLUTIONS, INC.
PO BOX 3413
MECHANICSBURG, PA 170551852

Page 1

SALUS UNIVERSITY
1200 W GODFREY AVENUE
PHILADELPHIA, PA 191413323

Check/EFT #: 894909693
Check Date: 08/15/2018
Check Amt: 1579.97
NPI Provider#: 1336160027

Patient: XXXXXXXXXX
HIN: 8YQ0RK2TU36
Patient Control Number: 000100591197
ICN#: 1118213498470
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
07/17/2018-07/17/2018	1.00	66821 LT	950.00	68.40	342.01	0	262.78	5.36	C0253
Totals:			950.00	68.40	342.01	0	262.78	5.36	

Claim Level Adjudication Codes: MA01; MA18; N793;
Remark Codes: N700 , N699 , N701
Reason Codes: CO45-590.22; CO237-23.24; CO253-5.36; PR2-68.4

HIPAA12 Code List Summary:

CO237 - Legislated/Regulatory Penalty. At least
CO253 - Sequestration-reduction In Federal Spend
CO45 - CHARGES EXCEED FEE ARRANGEMENT
PR2 - COINSURANCE



Change Posting

Parent: [Redacted]
Encounter: [59137] 02/17/2018 Hday Process Dr: [Redacted] Discharge: [Redacted] EOB: [Redacted] CDR: [Redacted] CDR: [Redacted] CDR: [Redacted]
Srv Date: [07/17/2018] Day: [07/17/2018]
Srv Item: [66821] [7760] Last [Redacted]
CP14: [66821] [Redacted]
Daily: [Redacted]
Ura/Overide: [550.00] [550.00]
Extended: [550.00]
Renderers: [Lentis James]
Place Site: [Redacted]
New/Dorm: [Redacted]
Habitat: [Redacted]
Shake: [Redacted]
Location: [Redacted]
Office: [Redacted]
History: [Redacted]
The Eye Institute at Oak Lake

Date	Srv Item	Charge	Parent	Adjusted	Int 1	Int 2	Int 3	R	PA Adj
07/17/2018	66821	550.00	331.18	419.82					

0.00	550.00	331.18	519.82	0.00	0.00	0.00	0.00	0.00	0.00
------	--------	--------	--------	------	------	------	------	------	------

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 08/18/18 !!

Medicare
Po Box 890418

Camp Hill, PA 17089-0418

X

8YQ0RK2TU36

X

X

PA

X

11 10 49

X

X

Signature On File

03/02/2020

SIGNATURE ON FILE

07 24 2018 431

DK LEWIS JAMES

OTH000
1225092315

X

0

H26493

07242018 07242018 11 66821 58 59 LT A 950 00 1 1225092315

X

000100592531

X

950 00

950 00

Lewis, James
03/02/2020

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027 231413680

Explanation of Benefits

NOVITAS SOLUTIONS, INC.
PO BOX 3413
MECHANICSBURG, PA 170551852

Page 1

SALUS UNIVERSITY
1200 W GODFREY AVENUE
PHILADELPHIA, PA 191413323

Check/EFT #: 894981766
Check Date: 09/04/2018
Check Amt: 3921.13
NPI Provider#: 1336160027

Patient: XXXXXXXXXX
HIN: 8YQ0RK2TU36
Patient Control Number: 000100592531
ICN#: 1118232280330
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
07/24/2018-07/24/2018	1.00	66821 58 59 LT950.00		68.40	342.01	0	262.78	5.36	C0253
Totals:			950.00	68.40	342.01	0	262.78	5.36	

Claim Level Adjudication Codes: MA01; MA18; N793;
Remark Codes: N700 , N699 , N701
Reason Codes: C045-590.22; C0237-23.24; C0253-5.36; PR2-68.4

HIPAA12 Code List Summary:
C0237 - Legislated/Regulatory Penalty. At least
C0253 - Sequestration-reduction In Federal Spend
C045 - CHARGES EXCEED FEE ARRANGEMENT
PR2 - COINSURANCE

EXHIBIT I

(Filed under seal)

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 06/09/18 !!

Keystone 65 HMO
P O Box 211184

Saint Paul, MN 55121

X QCI121779968001

X

X

SAME

PA

NONE

X

02 12 47

X

X

Signature On File

03/04/20

SIGNATURE ON FILE

04 12 18 431

DN James Lewis

OTH000
1225092315

X

0

H26493

04122018	04122018	11	66821	LT	A	950 00 1	1225092315
04122018	04122018	11	92134	59	A	53 00 1	1225092315

X

000100576242

X

1,003 00

1,003 00

Lewis, James
03/04/2020

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027 231413680

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 06/09/18 !!!

Keystone 65 HMO
P O Box 211184

Saint Paul, MN 55121

X QCI121779968001

X

X

SAME

PA

NONE

X

02 12 47

X

X

Signature On File

03/04/20

SIGNATURE ON FILE

04 12 18 431

DN James Lewis

OTH000
1225092315

X

0

H26493

04122018 04122018 11 92014 25 A 158 00 1 1225092315

X

000100576242

X

158 00

158 00

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027 231413680

Lewis, James
03/04/2020

Explanation of Benefits

INDEPENDENCE BLUE CROSS
1901 MARKET STREET
PHILADELPHIA, PA 19103

Page 1

THE EYE INSTITUTE OPHTHALMOLOGICAL
PO BOX 95000 LB 7615
PHILADELPHIA, PA 191950001

Check/EFT #: 0992961128
Check Date: 06/20/2018
Check Amt: 1837.59
NPI Provider#: 1336160027

Patient: [REDACTED]
Insured: [REDACTED]
HIN: QCI121779968001
Patient Control Number: 000100576242
ICN#: 20593192904
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
04/12/2018-04/12/2018	1	66821 LT	950.00	0	349.74	0	349.74	600.26	CO45
04/12/2018-04/12/2018	0.00	92134 59	53.00	0	0	0	0	0	
Totals:			1003.00	0	349.74	0	349.74	600.26	

Reason Codes: CO45-600.26
Reason Codes: PR55-53

HIPAA X12 Code List Summary:
CO45 - CHARGES EXCEED FEE ARRANGEMENT
PR55 - On-The-Fly ERA

Explanation of Benefits

INDEPENDENCE BLUE CROSS
1901 MARKET STREET
PHILADELPHIA, PA 19103

Page 1

THE EYE INSTITUTE OPHTHALMOLOGICAL
PO BOX 95000 LB 7615
PHILADELPHIA, PA 191950001

Check/EFT #: 0992961128
Check Date: 06/20/2018
Check Amt: 1837.59
NPI Provider#: 1336160027

Patient: [REDACTED]
Insured: [REDACTED]
HIN: QCI121779968001
Patient Control Number: 000100576242
ICN#: 20593192903
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
04/12/2018-04/12/2018	1	92014 25	158.00	0	114.30	0	74.30	43.70	C045
Totals:			158.00	0	114.30	0	74.30	43.70	

Reason Codes: C045-43.7; PR3-40

HIPAA X12 Code List Summary:
C045 - CHARGES EXCEED FEE ARRANGEMENT
PR3 - On-The-Fly ERA

2015

Date	S	Change	Payment	Adjustment	Int. 1	R	Int. 2	R	Int. 3	R	Paid Adj.	Line Item Balance
> 06/12/2018	BEST VAG Lauer	H	950.00	-389.74							-40.00	-40.00
> 06/12/2018	82134 Scan Image-Fluka	H	531.00	-531.00							0.00	0.00
> 06/12/2018	ISOTRA EP Contaminative	H	128.00	-74.30							-40.00	-40.00
				-43.70								

Date	S	Change	Payment	Adjustment	Prj. 1	R	Prj. 2	R	Int. 3	R	Paid Adj.	Line Item Balance
> 06/12/2018	BEST VAG Labor	H	950.00	-389.74							-40.00	-40.00
> 06/12/2018	82134 Scan Image-Polka	H	53.00	-53.00							0.00	0.00
> 06/12/2018	ISOTRA EP Contaminative	H	128.00	-74.30							-40.00	-40.00
				-43.70								

EXHIBIT J

(Filed under seal)

Libraries

- Anesthesia
- ASA Crosswalk
- Behavioral Health Billing
- Budget Statement
- Claim Edits
- Claim Modification
- Claim Printing
- Claim Status
- Consolidated
- Contract
- Diagnosis Codes
- EDI Claim Processing
- Eligibility Processing
- Encounter Rates
- GPCI Codes
- Institutional Billing
- NDC
- Non-Coordinated SIM Library
- Places of Service
- Reason Codes
- Remittance Profiles

Service Items List

Service Items List Search

Practice Default	Service Items
<input checked="" type="checkbox"/>	12312099Default Service Item Library

☐ Include Hidden Items
☒ Do not refresh list after updating data

Close

(1)

Libraries

NDC

Non-Coordinated SIM Library

Service Item Library Maintenance

Search

99203

SIM	Desc
99203	NP Exa...

Service Item Library

SIM Library Name

12312099Default Service Item Library

152
146
193

Service Item #	Description
99203	NP Exam Level 3



Hide SIM ☐



CPT 4 Code

99204



OFFICE/OUTPATIENT VISIT NEW

General

Other

Payer

Labels

Notes/Significant Events

Drugs

Place Of Service

Office

Component

Global

Department

E & M

Revenue Code

Modality

Form

1500

Eff Date	Exp Date	Non-Facility Price	Facility F
01/01/2019	12/31/2099	160.00	
04/01/2017	12/31/2018	140.00	

Alt Procedure Code 1

Alt Procedure Code 2

After Care Days

0

Exempt patient adjustment code

Qualifying Encounter

- ☐ Force to paper
- ☐ Force patient responsibility
- ☐ Suppress Patient Procedure
- ☐ Encounter billing exempt
- ☐ Suppress from Statement
- ☐ Prevent charge amount overrides
- ☐ Send \$0 charge on claim
- ☐ Suppress Billing
- ☐ Sliding fee exempt

SIM Type

Type

Rental Duration per Unit

Anes Base Unit

Behavioral Health Base Minutes

Custom



Hide Library ☐

Who/When

OK

Cancel

(2)

(3)

Process Reject Close

Charges are processed in the order they appear in the list. The value in the process date box is defaulted to the process date session settings value. If the process date box has a value, that value will be used as the process date for all processed charges. Only fill in the process date if you want to override the process date on all charges.

!!! COPY OF ARCHIVED ELECTRONIC CLAIM PROCESSED ON 01/25/20 !!

Medicare
Po Box 890418

Camp Hill, PA 17089-0418

X



5p94gu8uj95

X

X

NONE

X

06 20 32

X

X

Signature On File

02/28/2020

SIGNATURE ON FILE

01 23 2020 431

DK GURWOOD ANDREW

OTH000
1326056128

X

E119

Z961

H35373

0
I10

39D2144439

01232020	01232020	11	99204	A	160 00 1	1326056128
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01232020	01232020	11	92015	B	15 00 1	1326056128
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X 000100693751

X

175 00

175 00

The Eye Institute at Oak Lane
1200 West Godfrey Avenue
Philadelphia PA 19141-3323

The Eye Institute
1200 West Godfrey Avenue
Philadelphia PA 19141-3323
(215) 276-6000

1336160027 231413680

Gurwood, Andrew
02/28/2020



Explanation of Benefits

NOVITAS SOLUTIONS, INC.
PO BOX 3413
MECHANICSBURG, PA 170551852

Page 1

SALUS UNIVERSITY
1200 W GODFREY AVENUE
PHILADELPHIA, PA 191413323

Check/EFT #: 897003769
Check Date: 02/10/2020
Check Amt: 710.30
NPI Provider#: 1336160027

Patient: XXXXXXXXXX
HIN: 5P94GU8UJ95
Patient Control Number: 000100693751
ICN#: 1120027405060
Status: Primary

Dates of Service	Units	CPT4/Mods	Billed	CoIns	Allwd	Deduct	Paid	Adj	Adj Cd
01/23/2020-01/23/2020	1.00	99204	160.00	6.34	160.00	128.28	24.96	-0.09	CO144
01/23/2020-01/23/2020	1	92015	15.00	0	0	0	0	0	
Totals:			175.00	6.34	160.00	128.28	24.96	-0.09	

Claim Level Adjudication Codes: MA01;
Remark Codes: N807
Reason Codes: CO253-0.51; CO144--0.09; PR1-128.28; PR2-6.34
Reason Codes: PR49-15

CO144 - On-The-Fly ERA
CO253 - Sequestration-reduction In Federal Spend
PR1 - DEDUCTIBLE AMOUNT
PR2 - COINSURANCE
PR49 - On-The-Fly ERA

Medical Chart - Jones, Grace D

DOB: [REDACTED]

Patient Number: 106009 Medical Record Number: 186007 Other ID Number: 3709

Contact: [REDACTED]
Contact Preference: Home Phone

Default Guarantor: Grace D Jones
Patient Status:
Primary Care Provider: [REDACTED]

Cell Phone:
Family Address: [REDACTED]
Print Start: [REDACTED]

Encounter Information
Enc: Insurance: Medicare
Rendering: Garwood, Andrew
Guarantor: [REDACTED]
Chief History/Notes

Appointments: 0 Insurance: 0 Patient Balance: 0 Recall Plan: 0
* Appointment of Service: [REDACTED] * English: [REDACTED] * 1 of 1

Encounters

Encounter	Encounter #	Encounter Date	Encounter Description	Encounter Status	Encounter Type	Encounter Location	Encounter Provider	Encounter Reason	Encounter Result	Encounter Tracked	Encounter Status	Encounter Balance
01/24/20	01/23/20	01/23/20	NP Exam Level 3	99204	1.00	16200 C20	15.00 C20	0.00 C20 # 897003793 ICH 112	M144 [Pre/post/total print included in prior above] P91 [Deductible amount]	1120027405900		
02/24/20	02/11/20	02/11/20	Confidential Adjustm-				0.00 Ad	0.00 C20 # 897003793 ICH 112	PR49 [Screening not covered w/outside exam]	1120027405900		
02/24/20	02/11/20	02/11/20	Confidential Adjustm-				24.36 Post	128.28 C20 # 897003793 ICH 112	P91 [Deductible amount] P92 [Current exam amount] P93 [On the fly]	1120027405900		
02/24/20	02/11/20	02/11/20	Confidential Payment				0.00 Post	0.00 C20 # 897003793 ICH 112	PR49 [Screening not covered w/outside exam]	1120027405900		
02/24/20	02/11/20	02/11/20	Insurance Adjustment				0.09 Ad	0.00 C20 # 897003793 ICH 112	C0144 [Insurance adjustment]	1120027405900		
02/24/20	02/11/20	02/11/20	Medicare Segregation				0.51 Ad	0.00 C20 # 897003793 ICH 112	C0258 [Segregation - reduction in federal ipol]	1120027405900		

Encounter Financial Summary	Charges	Unadjusted	Payments	Adjustments	Refunds	Bad Debt	Encounter Total Fees Units	Balance
	\$175.00	\$0.00	\$24.36	\$0.42	\$0.00	\$0.00	0	\$145.62

